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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Verification and Acknowledged <i>Allowance</i> Examiner's Signature Initials	STATE OR COUNTRY OR	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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## TITLE

Patient lifting apparatus

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